03/19/2008 23:13

Image# 28930815594

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Podiatric Medical Association Political Action Committee 9312 Old Georgetown Road ADDRESS (number and street) Check if different than previously Bethesda MD 20814 1698 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** CITY A ZIPCODE A IS THIS NEW **AMENDED** C00008839 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Χ Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 02 0 1 2008 02 29 2008 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Dr. Barney Greenberg, DPM Type or Print Name of Treasurer Electronically Filed by Dr. Barney Greenberg, DPM 03 19 2008 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

R	eport Covering the Period: From:	01 2008	To: 0 2 2 9 2 0 0 8
	_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
3 .	(a) Cash on Hand January 1 Ž008 Y Y		322669.36
	(b) Cash on Hand at Begining of Reporting Period	388107.72	
	(c) Total Receipts (from Line 19)	36354.63	122516.18
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	424462.35	445185.54
' .	Total Disbursements (from Line 31)	34574.28	55297.47
١.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	389888.07	389888.07
).	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
0.	Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

American Podiatric Medical Association Political Action Committee

0 1 м м 0 2 0 2 M 2^D9 2008 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 85806.22 26951.00 (i) Itemized (use Schedule A) 8755.00 34320.00 (ii) Unitemized (iii) TOTAL (add 35706.00 120126.22 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 35706.00 120126.22 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 648.63 2389.96 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 36354.63 122516.18 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 36354.63 122516.18

(subtract Line 18(c) from Line 19)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)	of Disbursements	Page 4	
II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00	
(i) Federal Share			
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00	
Expenditures(c) Total Operating Expenditures	574.28	1297.47	
(add 21(a)(i), (a)(ii) and (b))	574.28	1297.47	
2. Transfers to Affiliated/Other Party Committees	0.00	0.00	
Contributions to Federal Candidates/Committees and Other Political Committees	34000.00	54000.00	
4. Independent Expenditure (use Schedule E)	0.00	0.00	
5. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	
6. Loan Repayments Made	0.00	0.00	
7. Loans Made	0.00	0.00	
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
9. Other Disbursements	0.00	0.00	
D. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from School de US)			
(from Schedule H6) (i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00	
. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	34574.28	55297.47	
2. Total Federal Disbursements			
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	34574.28	55297.47	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	35706.00	120126.22
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	35706.00	120126.22
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	574.28	1297.47
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	574.28	1297.47

FE6AN026

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 31 (check only one) X
A oı	ny information copied from such Reports and for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Podiatric Medical Associati	on Political <i>A</i>	Action Committee	
	Full Name (Last, First, Middle Initial) Mr. Ajitha K. Nair			Date of Receipt
	Mailing Address 2801 College Ave. #1	5		02 05 2008
	City	State	Zip Code	Transaction ID: 14994039
	Berkeley	CA	94705-2141	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		251.00
	Name of Employer	Occupation Podiatric	n : Student	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		251.00	
. –	Full Name (Last, First, Middle Initial) Dr. William J. McShane	Date of Receipt		
	Mailing Address 555 Ashland Ave.			02 05 2008
	City	State	Zip Code	Transaction ID: 14994043
	<u>Baldwin</u>	NY	11510-2624	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Harbor Podiatry, P.C.	Occupation Podiatric	n : Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
	Full Name (Last, First, Middle Initial) Dr. S. Chris Horine			Date of Receipt
	Mailing Address 15250 Peach Hill Rd.	02 05 2008		
	City	State	Zip Code	Transaction ID: 14994046
	Saratoga	CA	95070-6448	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Silicon Valley Podiatry Group	Occupation Podiatric	n : Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify)	0 0	300.00	
	SUBTOTAL of Receipts This Page (optional) .	1		1051.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7/31 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Podiatric Medical Association	name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dr. John D. Ruff Mailing Address 6801 N. Ruff Ln. City Peoria FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For:	, '	Zip Code 61614-2843 n : Physician e Year-to-Date ▼	Date of Receipt M M O 2
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Jerome S. Schnall	Aggregate	500.00	Date of Receipt
Mailing Address 2025 E. State St. City Hermitage FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)		Zip Code 16148-1868 n Physician Year-to-Date ▼ 250.00	Transaction ID: 14994073 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr. Mark F. Rogers Mailing Address Central UT Foot & Ank 150 W. 800 N. City Provo FEC ID number of contributing federal political committee. Name of Employer Central UT Foot & Ankle Clinic Receipt For: Primary General Other (specify)	State UT C Occupatio Podiatric	Zip Code 84601-1624 n E Physician E Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number			1250.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS Any information copied from such Reports an or for commercial purposes, other than using	nd Statements may	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 31 (check only one) X 11a 11b 11c 12 13 14 15 16 11 on for the purpose of soliciting contributions		
NAME OF COMMITTEE (In Full) American Podiatric Medical Associa	<u> </u>		Solicit contributions from such committee.		
Full Name (Last, First, Middle Initial) Dr. Mark M. Schilansky Mailing Address 181 Elting Rd.			Date of Receipt		
City	State	Zip Code	02 04 2008		
City Catskill	NY	2ip Code 12414-6731	Transaction ID: 14994078 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	121110701	500.00		
Name of Employer Self Employed	Occupation Podiatric	n Physician			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]		
Full Name (Last, First, Middle Initial) Dr. Scott M. Soulier			Date of Receipt		
Mailing Address 10281 S. 1000 W.					
City	State UT	Zip Code	Transaction ID: 15007694		
South Jordan FEC ID number of contributing federal political committee.	C	84095-8826	Amount of Each Receipt this Period 300.00		
Name of Employer Self Employed	Occupation Podiatric	n Physician			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00			
Full Name (Last, First, Middle Initial) Dr. Frank A. Spinosa			Date of Receipt		
Mailing Address P.O. Box 72			02 08 2008		
City Shelter Island	State NY	Zip Code 11964-0072	Transaction ID: 15007710 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		1000.00		
Name of Employer Self Employed	Occupation Podiatric	n Physician			
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 1000.00			
SUBTOTAL of Receipts This Page (optional	ત્રી)		1800.00		

SCHEDULE A (FEC Form 3X)

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9/31 (check only one) X
Ar or	y information copied from such Reports and for commercial purposes, other than using th	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) American Podiatric Medical Associati	on Political A	Action Committee	
	Full Name (Last, First, Middle Initial) Dr. Nicholas C. Crismali			Date of Receipt
	Mailing Address 19851 Eyota Rd.			02 08 2008
	City	State	Zip Code	Transaction ID: 15007711
	Apple Valley FEC ID number of contributing federal political committee.	CA	92308-4560	Amount of Each Receipt this Period 500.00
	Name of Employer Self Employed	Occupatio	n : Physician	
	Receipt For: Primary General Other (specify) ▼	- '	e Year-to-Date ▼ 500.00	1
	Full Name (Last, First, Middle Initial) Dr. Robert M. Caldwell			Date of Receipt
	Mailing Address 3703 Cottage Grove	02 11 2008		
	City	Transaction ID: 15008812		
	Cedar Rapids	IA	52403-1941	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Podiatric	n : Physician	
	Receipt For:	- · · · · · · · · · · · · · · · · · · ·	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00]
	Full Name (Last, First, Middle Initial) Dr. Timothy S. Grace	Date of Receipt		
	Mailing Address 8701 182nd St. E.	0 2 1 1 2 0 0 8		
	City	State	Zip Code	Transaction ID: 15008813
	Puyallup	WA	98375-6240	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			250.00
	Name of Employer Self Employed		Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	UBTOTAL of Receipts This Page (optional) .	1		1000.00

SCHEDULE A (FEC Form 3X)

CHEDULE A (FEC Form 3X EMIZED RECEIPTS	for e	e separate schedule(s) each category of the ailed Summary Page	FOR LINE NUMBER: PAGE 10 / 31 (check only one) X 11a 11b 11c 12 13 14 15 16
ny information copied from such Reports and for commercial purposes, other than using to NAME OF COMMITTEE (In Full)			
American Podiatric Medical Associa	tion Political Action (Committee	
Full Name (Last, First, Middle Initial) Dr. Robert M. Oropall			Date of Receipt
Mailing Address 7 Elskip Ln.			02 11 2008
City Greenwich	•	p Code 6831-3665	Transaction ID: 15008815 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	3001 3003	250.00
Name of Employer Self Employed	Occupation Podiatric Physi	cian	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to		
Full Name (Last, First, Middle Initial) Dr. Mickey D. Stapp Mailing Address 3662 Bay Pt.			Date of Receipt
			02 11 2008
City		p Code	Transaction ID: 15008819
Martinez FEC ID number of contributing federal political committee.	GA 30	0907-9133	Amount of Each Receipt this Period 250.00
Name of Employer Augusta Foot & Ankle	Occupation Podiatric Physi	cian	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to	o-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Michael H. Martin			Date of Receipt
Mailing Address 1310 W. Broadway			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		p Code	Transaction ID: 15008820
<u>Enid</u>	OK 73	3703-5719	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Self Employed	Occupation Podiatric Physi		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to	o-Date ▼ 250.00	
UBTOTAL of Receipts This Page (optional)	•		750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 31 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Podiatric Medical Associa	the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dr. Michael G. David Mailing Address 4540 Kalamazoo Av City Kentwood FEC ID number of contributing federal political committee.	State MI	Zip Code 49508-4625	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼		n E Physician E Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. John E. Morehead Mailing Address 6666 S. 76th E. Ave City	Date of Receipt M M		
Tulsa FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼		n Physician Personal Property	Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Dr. David B. Laha Mailing Address 6202 W. 132nd Ter City Overland Park	State KS	Zip Code 66209-3920	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Suburban Foot Specialist Receipt For: Primary General	_ , ,	Physician e Year-to-Date ▼	1000.00
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	1000.00	2000.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 31 (check only one) X 11a 11b 11c 12 13 14 15 16 11
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any person go the name and address of any political committee to solution. Political Action Committee	of the purpose of soliciting contributions solicit contributions from such committee.
American Podiatric Medical Associ	ciation Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. David P. Sheldon		Date of Receipt
Mailing Address 4001 W. Royal Dr		02 15 2008
City	State Zip Code	Transaction ID: 15034207
Traverse City	MI 49684-8965	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Paul Kinberg		Date of Receipt
Mailing Address 6023 Gentle Knoll	Ln.	0 2 1 5 2 0 0 8
City	State Zip Code	Transaction ID: 15034208
Dallas	TX 75248-2122	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Self Employed	Occupation Podiatric Physician	
Receipt For: ☐ Primary ☐ General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Garry W. Neltner	I	Date of Receipt
Mailing Address 3117 Hudnall Ln.		02 15 2008
City	State Zip Code	Transaction ID: 15034209
Edgewood	KY 41017-2320	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Foot Care Center	Occupation Podiatric Physician]
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (option	nal)	1750.00

SCHEDULE A (FEC FITEMIZED RECEIPTS	EDULE A (FEC Form 3X) **IZED RECEIPTS** Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: PAGE 13 / 31 (check only one) X 11a 11b 11c 12 13 14 15 16 1		
Any information copied from such or for commercial purposes, othe	n Reports and Statements m r than using the name and a	ay not be sold or used by any pers ddress of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.		
NAME OF COMMITTEE (In F American Podiatric Medic	•	Action Committee			
Full Name (Last, First, Middle Dr. Mitchell A. Cooperman	Initial)		Date of Receipt		
Mailing Address 24 Fox Lr	Mailing Address 24 Fox Ln.				
City	State	Zip Code	Transaction ID: 15034211		
Dix Hills	NY	11746-5926	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		300.00		
Name of Employer Self Employed	Occupati Podiatri	on c Physician			
Receipt For: Primary Gener Other (specify) ▼		te Year-to-Date ▼ 300.00			
	Full Name (Last, First, Middle Initial) Dr. G. Gregg Neibauer				
	Mailing Address 1845 Bancroft St.				
City	State	Zip Code	Transaction ID: 15035457		
Missoula	MT	59801-5747	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		250.00		
Name of Employer Alpine Foot & Ankle Clinic	Occupati Podiatri	on c Physician			
Receipt For: Primary Gener Other (specify) ▼		te Year-to-Date ▼ 250.00			
Full Name (Last, First, Middle Dr. Ronald D. Jensen	Initial)		Date of Receipt		
Mailing Address 2609 Pind	ot Lane		02 22 2008		
City	State	Zip Code	Transaction ID: 15052722		
Modesto	CA	95356-0616	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		1000.00		
Name of Employer Gould Medical Group	Occupati Podiatri	on c Physician			
Receipt For: Primary Gener Other (specify) ▼		te Year-to-Date ▼ 1000.00			
SUBTOTAL of Receipts This Pa	age (optional)		1550.00		

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14/31 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	 y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions o solicit contributions from such committee.
American Podiatric Medical Association	on Political A	Action Committee	
Full Name (Last, First, Middle Initial) Dr. James R. Christina			Date of Receipt
Mailing Address 4701 Randolph Road Suite 115			02 / 22 / 2008
City	State	Zip Code	Transaction ID: 15052725
Rockville	MD	20852-2257	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer APMA	Occupatio Podiatric	n : Physician	
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼	55 15111	250.00	
Full Name (Last, First, Middle Initial) Dr. Glenn B. Gastwirth			Date of Receipt
Mailing Address 12401 Willow Green Ct.			02 22 2008
City	State	Zip Code	Transaction ID: 15052943
Potomac	MD	20854-3044	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer APMA	Occupatio Podiatric	n : Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Kirk A. Koepsel			Date of Receipt
Mailing Address 327 Pebblebrook Dr.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 15052965
Seabrook	TX	77586-6010	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Bay Area Podiatry Associa- tes	Occupatio Podiatric	n : Physician	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
	1		1500.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS Any information copied from such Reports an	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 31 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Podiatric Medical Associa	the name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Thomas S. Murray		Date of Receipt
Mailing Address 10812 S.E. 3rd St.		02 22 2008
City	State Zip Code	Transaction ID: 15052970
Midwest City	OK 73130-5104	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Rodney D. Peele		Date of Receipt
Mailing Address 9312 Old Georgetov	vn Rd.	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 15052971
Bethesda	MD 20814-1621	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer American Podiatric Medical Association	Occupation Association Staff	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Michael J. King		Date of Receipt
Mailing Address 176 Sweet Farm Rd		02 22 2008
City	State Zip Code	Transaction ID: 15052972
Portsmouth	RI 02871-1291	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Self Employed	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
)	2000.00

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of seliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) American Podiatric Medical Association Political Action Committee Full Name (Last, First, Middle Initial) Dr. David M. Schofield Malling Address 5816 Countrywood Dr. City State Zip Code Sarasota FEU D number of contributing feederal political committee. Name of Employer Advanced For: Other (specify) ▼ Transaction ID: 15052974 Amount of Each Receipt his Period Podiatric Physician Receipt For: Other (specify) ▼ Primary General Other (specify) ▼ Transaction ID: 15052974 Amount of Each Receipt his Period Podiatric Physician Aggregate Year to Date ▼ Transaction ID: 15052974 Amount of Each Receipt his Period Podiatric Physician Aggregate Year to Date ▼ Primary General Other (specify) ▼ Date of Receipt Transaction ID: 15052974 Amount of Each Receipt his Period Podiatric Physician Aggregate Year to Date ▼ Primary General Other (specify) ▼ Date of Receipt Transaction ID: 15052974 Amount of Each Receipt his Period Date of Receipt Transaction ID: 15052976 Amount of Each Receipt his Period Date of Receipt Transaction ID: 15052976 Amount of Each Receipt his Period Date of Receipt Transaction ID: 15052976 Amount of Each Receipt his Period Date of Receipt Transaction ID: 15052976 Amount of Each Receipt his Period Date of Receipt Transaction ID: 15052976 Amount of Each Receipt his Period Date of Receipt Transaction ID: 15052976 Amount of Each Receipt his Period Date of Receipt Transaction ID: 15052976 Amount of Each Receipt his Period Date of Receipt Transaction ID: 15052976 Amount of Each Receipt his Period Date of Receipt Transaction ID: 15052976 Amount of Each Receipt his Period Date of Receipt Transaction ID: 15052976 Amount of Each Receipt his Period	SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 31 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Date of Receipt State Zip Code FEC ID number of contributing federal political committee. Full Name (Last, First, Middle Initial) Dr. Ira H. Kraus Mailing Address 20 Dogwood Trl. City Ringgold FEC ID number of contributing federal political committee. City Ringgold FEC ID number of contributing federal political committee. City Ringgold FEC ID number of contributing federal political committee. City State Zip Code Ringgold GA 30738:2725 For Inity Receipt For: Primary General Other (specify) ▼ City State Zip Code Ringgold GA 30738:2725 FEC ID number of contributing federal political committee. City Ringgold FEC ID number of contributing federal political committee. City Ringgold FEC ID number of contributing federal political committee. City Ringgold Receipt For: Primary General Other (specify) ▼ City State Zip Code Ringgold Receipt For: Primary General Other (specify) ▼ City State Zip Code Ringgold Receipt For: Primary General Other (specify) ▼ Cocupation Podiatric Physician Receipt For: Primary General Other (specify) ▼ City Receipt For: Primary General Other (specify) ▼ City Receipt For: Primary General Other (specify) ▼ Receipt For: Primary Receipt For: Prim	or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	the name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
City State Zip Code Transaction ID: 15052973 Amount of Each Receipt Transaction ID: 15052973 Amount of Each Receipt Ibis Period Transaction ID: 15052973 Amount of Each Receipt Ibis Period Transaction ID: 15052973 Amount of Each Receipt Ibis Period Transaction ID: 15052973 Amount of Each Receipt Ibis Period Transaction ID: 15052973 Amount of Each Receipt Ibis Period Transaction ID: 15052973 Amount of Each Receipt Ibis Period Transaction ID: 15052973 Transaction ID: 15052974 Transaction ID: 15052975 Transaction ID:			Date of Receipt
State Zip Code Sarasota FL 34232-6001 FEC ID number of contributing tederal political committee. Name of Employer Conference Committee Commit		Or.	M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Cecupation Podiatric Physician	City	State Zip Code	
Name of Employer Chemung Countrity Medical Society Receipt For: Primary Other (specify) ▼ Name (Last, First, Middle Initial) Dr. ra H. Kraus Mailing Address 20 Dogwood Trl. City State Zip Code GA 30736-2725 FEC ID number of contributing federal political committee. Receipt For: Primary General Other (specify) ▼ State Zip Code GA 30736-2725 FEC ID number of contributing federal political committee. C Cuty State Zip Code GA 30736-2725 FEC ID number of contributing federal political committee. C Primary General Other (specify) ▼ State Zip Code I 1000.00 Date of Receipt Transaction ID: 15052974 Amount of Each Receipt this Period Date of Receipt Transaction ID: 15052976 Amount of Each Receipt this Period Date of Receipt Transaction ID: 15052976 Amount of Each Receipt this Period Date of Receipt Date of Receipt Transaction ID: 15052976 Amount of Each Receipt this Period Date of Receipt Dat	Sarasota	FL 34232-6001	Amount of Each Receipt this Period
Society Receipt For:		C	1000.00
Receipt For: Primary General Date of Receipt	Name of Employer Chemung Country Medical Society	· '	
Tull Name (Last, First, Middle Initial) Dr. Ira H. Kraus Mailing Address 20 Dogwood Trl. City State Zip Code GA 30736-2725 FEC ID number of contributing federal political committee. Name of Employer Advanced Foot Care Podiatric Physician Receipt For: Occupation Podiatric Physician FEU IN Name (Last, First, Middle Initial) Dr. David G. Edwards Mailing Address 1651 Saddle Hill Dr. City State Zip Code UT 84321-4828 Date of Receipt Transaction ID: 15052974 Amount of Each Receipt this Period Date of Receipt Transaction ID: 15052976 Tournsaction ID: 15052976 Transaction ID: 15052976 Amount of Each Receipt this Period Transaction ID: 15052976 Amount of Each Receipt Transaction ID: 15052976 Amount of Each Receipt this Period Transaction ID: 15052976 Amount of Each Receipt this Period Transaction ID: 15052976 Amount of Each Receipt this Period Transaction ID: 15052976 Amount of Each Receipt this Period Transaction ID: 15052976 Amount of Each Receipt this Period Transaction ID: 15052976 Amount of Each Receipt this Period Transaction ID: 15052976 Amount of Each Receipt this Period Transaction ID: 15052976 Amount of Each Receipt this Period Transaction ID: 15052976 Amount of Each Receipt this Period Transaction ID: 15052976 Amount of Each Receipt this Period		Aggregate Year-to-Date ▼	
Dr. Ira H. Kraus Mailing Address 20 Dogwood Trl. City State Zip Code GA 30736-2725 FEC ID number of contributing federal political committee. Name of Employer Advanced Foot Care Primary General Other (specify) ▼ City State Zip Code GA 30736-2725 Fec ID number of contributing federal political committee. Doccupation Podiatric Physician Aggregate Year-to-Date ▼ Transaction ID: 15052974 Amount of Each Receipt this Period Date of Receipt Date of Receipt Milling Address 1651 Saddle Hill Dr. City State Zip Code UT 84321-4828 FEC ID number of contributing federal political committee. City State Zip Code UT 84321-4828 FEC ID number of contributing federal political committee. Name of Employer Self Employer Self Employer Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		1 1	
City State Zip Code Ringgold GA 30736-2725 FEC ID number of contributing federal political committee. Name of Employer Advanced Foot Care Primary General Other (specify) ▼ City State Zip Code Primary General Other (specify) ▼ City State Zip Code Logan UT 84321-4828 FEC ID number of contributing federal political committee. Date of Receipt Transaction ID: 15052974 Amount of Each Receipt this Period Date of Receipt M M M O 2			Date of Receipt
Ringgold GA 30736-2725 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Advanced Foot Care Porimary General Other (specify) ▼ City State Zip Code UT 84321-4828 FEC ID number of contributing federal political committee. City State Zip Code UT 84321-4828 FEC ID number of contributing federal political committee. Name of Employer Self Employer Self Employed Podiatric Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00 Amount of Each Receipt this Period Date of Receipt Transaction ID: 15052976 Amount of Each Receipt this Period Transaction ID: 15052976 Amount of Each Receipt this Period Amount of Each Receipt this Period Transaction ID: 15052976 Amount of Each Receipt this Period 1000.00			M M / D D / Y Y Y Y
Ringgold FEC ID number of contributing federal political committee. Name of Employer Advanced Foot Care Primary General Other (specify) ▼ City State Zip Code Logan FEC ID number of contributing federal political committee. City State Zip Code Logan FEC ID number of contributing federal political committee. City State Zip Code Logan FEC ID number of contributing federal political committee. City State Zip Code Logan FEC ID number of contributing federal political committee. City State Zip Code Logan FEC ID number of contributing federal political committee. City State Zip Code Transaction ID: 15052976 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. City State Zip Code Transaction ID: 15052976 Amount of Each Receipt this Period Transaction ID: 15052976 Amount of Each Receipt this Period Transaction ID: 15052976 Amount of Each Receipt this Period Transaction ID: 15052976 Amount of Each Receipt this Period Transaction ID: 15052976 Amount of Each Receipt this Period Transaction ID: 15052976 Amount of Each Receipt this Period	City	State Zip Code	Transaction ID: 15052974
Name of Employer Advanced Foot Care Receipt For: Primary General Other (specify) ▼ City Logan FC ID number of contributing federal political committee. Name of Employer Self Employer Self Employer Self Employer Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00 Date of Receipt M M / D D D / Y Y Y Y Y Y O D D D D D D D D D D D D D	Ringgold	GA 30736-2725	
Receipt For: Primary General		C	1000.00
Primary General Other (specify) ▼ 1000.00	Name of Employer Advanced Foot Care	· ·	
Dr. David G. Edwards Mailing Address 1651 Saddle Hill Dr. City State Zip Code Logan UT 84321-4828 FEC ID number of contributing federal political committee. Cupan Cocupation Podiatric Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	Primary General		
City Logan UT 84321-4828 Amount of Each Receipt this Period C Name of Employer Self Employed Receipt For: Primary Other (specify) ▼ O2 22 2008 Transaction ID: 15052976 Amount of Each Receipt this Period 1000.00 Aggregate Year-to-Date 1000.00			Date of Receipt
Logan FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ Amount of Each Receipt this Period 1000.00 1000.00 Aggregate Year-to-Date ▼ 1000.00	Mailing Address 1651 Saddle Hill Dr.		
FEC ID number of contributing federal political committee. Name of Employer Self Employed Podiatric Physician Receipt For: Primary General Other (specify) Other (specify) 1000.00	City	State Zip Code	Transaction ID: 15052976
Name of Employer Self Employed Receipt For: Primary Other (specify) ▼ Occupation Podiatric Physician Aggregate Year-to-Date 1000.00	<u>Logan</u>	UT 84321-4828	Amount of Each Receipt this Period
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00		C	1000.00
Primary General Other (specify) 1000.00	Name of Employer Self Employed		1
Other (specify) ▼ 1000.00		Aggregate Year-to-Date ▼	
SUPTOTAL of Descripts This Dags (entionel)		1000.00	
	CURTOTAL of Descints This Dame (as Year)		3000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	K)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 31 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Podiatric Medical Associ			
Full Name (Last, First, Middle Initial) Dr. Todd Damien O'Brien Mailing Address P.O. Box 391			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
West Enfield	State ME	Zip Code 04493-0391	Transaction ID: 15053015 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼		Physician Party Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. William H. Dabdoub Mailing Address 100 Ayshire Ct.	<u>'</u>		Date of Receipt 0 2 1 9 2 0 0 8
City	State	Zip Code	0 2 1 9 2 0 0 8 Transaction ID: 15053022
<u>Slidell</u>	LA	70461-5034	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Self Employed	Occupatio Podiatric	n : Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Terence B. Albright Mailing Address 399 Berkshire Dr.	•		Date of Receipt 0 2 1 9 2 0 0 8
City	State	Zip Code	0 2 1 9 2 0 0 8 Transaction ID: 15053023
Lake Villa FEC ID number of contributing federal political committee.	C	60046	Amount of Each Receipt this Period 250.00
Name of Employer William M. Scholl Coll of Podiatric Me		Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	<u> </u>		1550.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 31 (check only one) X 11a 11b 11c 12 13 14 15 16 17		
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Podiatric Medical Associa	d Statements may not be sold or used by any personante name and address of any political committee to ation Political Action Committee	on for the purpose of soliciting contributions solicit contributions from such committee.		
Full Name (Last, First, Middle Initial) Dr. Rae Louise Lantsberger Mailing Address 6417 S.E. 49th Ave.		Date of Receipt 0 2 2 0 0 8		
City	State Zip Code	Transaction ID: 15053026		
Portland FEC ID number of contributing federal political committee.	OR 97206-6914	Amount of Each Receipt this Period 300.00		
Name of Employer Gresham Foot Clinic Receipt For: Primary General Other (specify) ▼	Occupation Podiatric Physician Aggregate Year-to-Date 300.00			
Full Name (Last, First, Middle Initial) Dr. Michael Charles Edwards, Jr. Mailing Address 26 Partridge Cir. City Beaufort	State Zip Code SC 29907-1234	Date of Receipt M M D D V Y Y Y Y Y Y Y Y Y		
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00		
Name of Employer Podiatry Associates Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Podiatric Physician Aggregate Year-to-Date 250.00]		
Full Name (Last, First, Middle Initial) Dr. Andrew C. Schink Mailing Address 1715 Cameo		Date of Receipt		
City Eugene	State Zip Code OR 97405-5897	Transaction ID: 15078440 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	500.00		
Name of Employer Self Employed	Occupation Podiatric Physician			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00			
SUBTOTAL of Receipts This Page (optional)	1050.00		

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate sched for each category of Detailed Summary	f the
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Podiatric Medical Associa	he name and address of any political co	y any person for the purpose of soliciting contributions mmittee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Thomas Abrahamsen Mailing Address 190 Old Mill Rd.		Date of Receipt
City Fairfield FEC ID number of contributing	State Zip Code CT 06430-4928	Transaction ID: 15078441 Amount of Each Receipt this Period
Receipt For: Primary Other (specify)	Occupation Podiatric Physician Aggregate Year-to-Date ▼	300.00
Full Name (Last, First, Middle Initial) Dr. Gordon P. Rheaume Mailing Address 80 Baylor St.		Date of Receipt 0 2 2 6 2 0 0 8
City Pueblo FEC ID number of contributing federal political committee.	State Zip Code CO 81005-1640	Transaction ID: 15078453 Amount of Each Receipt this Period 250.00
Name of Employer Podiatry Associates Receipt For: Primary General Other (specify)	Occupation Podiatric Physician Aggregate Year-to-Date	50.00
Full Name (Last, First, Middle Initial) Dr. Walter D. Clark Mailing Address 13 Innisbrook Ln.		Date of Receipt 0 2 2 6 2 0 0 8
City Birmingham FEC ID number of contributing federal political committee.	State Zip Code AL 35242-5922	0 2 2 6 2 0 0 8
Name of Employer Birmingham Podiatry	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	50.00
SUBTOTAL of Receipts This Page (optional		800.00

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 31 (check only one) X 11a
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) American Podiatric Medical Associations of the commercial purposes and the commercial purposes of the commercial purposes o	and Statements may not be sold or used by any persong the name and address of any political committee to ciation Political Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Stephen C. Wan Mailing Address 3221 Blume Dr. City	State Zip Code	Date of Receipt M M C D C C C C C
Rossmoor FEC ID number of contributing federal political committee.	CA 90720-0000	Amount of Each Receipt this Period 1000.00
Name of Employer W. Torrance Podiatrists Group Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Podiatric Physician Aggregate Year-to-Date 1000.00	
Full Name (Last, First, Middle Initial) Dr. Kent L. Magrini Mailing Address 302 Brownwood E	state	Date of Receipt 0 2 2 2 2 0 0 8
City	State Zip Code	Transaction ID: 15078683
Fort Smith FEC ID number of contributing federal political committee.	AR 72916-4029	Amount of Each Receipt this Period 500.00
Name of Employer Foot Health Center	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Larry E. Greiner	I	Date of Receipt
Mailing Address 3713 S. High St.		0 2 2 2 2 0 0 8
City	State Zip Code	Transaction ID: 15078684
Columbus FEC ID number of contributing federal political committee.	OH 43207-4011	Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (option	nal)	2500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 31 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports a or for commercial purposes, other than using	and Statements may g the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Podiatric Medical Assoc	iation Political A	action Committee	
Full Name (Last, First, Middle Initial) Dr. Richard L. Rauch			Date of Receipt
Mailing Address 1188 Lost Rd.			0 2 2 2 2 0 0 8
City	State	Zip Code	Transaction ID: 15078685
Martinsburg FEC ID number of contributing federal political committee.	C	25403-0898	Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation Podiatric	n Physician	
Receipt For: Primary General Other (specify) ▼	- '	Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. Maureen L. Crotty			Date of Receipt
Mailing Address 3847 S. Troost Ave	Э.		0 2 2 2 2 2 0 0 8
City	State OK	Zip Code	Transaction ID: 15078686
Tulsa FEC ID number of contributing federal political committee.	C	74105-3326	Amount of Each Receipt this Period 500.00
Name of Employer Green Country Podiatry Ce- nter	Occupation Podiatric	n Physician	
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Benjamin W. Weaver			Date of Receipt
Mailing Address Central KS Podiatr 933 N. Topeka St.	y Associates		02 25 2008
City Wichita	State KS	Zip Code 67214-3620	Transaction ID: 15078690 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	07214 0020	750.00
Name of Employer Central KS Podiatry Assoc- iates	- ' '	Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00]
SUBTOTAL of Receipts This Page (option:	al)		1550.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	ν)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22/31 (check only one) X 11a
Any information copied from such Reports an or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Podiatric Medical Associa	ation Political A	action Committee	
Full Name (Last, First, Middle Initial) Dr. Robb A. Mothershed			Date of Receipt
Mailing Address 5732 Brandiles Ln.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 15078691
Winston Salem	NC	27104	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		350.00
Name of Employer Ft. & Ankle Specialists	Occupation	n Physician	
of the Carolin Receipt For:		Year-to-Date V	1
Primary General Other (specify) ▼	- iggi ogalio	350.00	
Full Name (Last, First, Middle Initial) Dr. Brooke A. Bisbee			Date of Receipt
Mailing Address 1709 S. 42nd St.			0 2 2 7 2 0 0 8
City	State	Zip Code	Transaction ID: 15081987
Rogers	AR	72758-4081	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Family Foot Health Center, P.A.	Occupation Podiatric	n Physician	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		1000.00	
Full Name (Last, First, Middle Initial) Dr. John E. Forrette			Date of Receipt
Mailing Address 3028 S. Amanda Ct	t.		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 15118443
Sioux Falls	SD	57103-4828	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Sioux Valley Clinic	Occupation Podiatric	n Physician	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	250.00	
			1600.00

S

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 23 / 31 (check only one)
	Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full)		
American Podiatric Medical Associatio	n Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Gerard J. Kerbleski		Date of Receipt
Mailing Address 10105 Florence Ave. N	I.E.	02 29 2008
City	State Zip Code	Transaction ID: 15118447
Albuquerque	NM 87122-4008	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Podiatry Associates of NM	Occupation Podiatric Physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	•	250.00
TOTAL This Period (last page this line number only)	<u> </u>	26951.00

В.

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 24 / 31 (check only one)
ITEMIZED RECEIPTS		for each category of the	
TTENNIZED TIEGEN 13		Detailed Summary Page	11a 11b 11c 12 13 14 15 16 X 17
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may	y not be sold or used by any person dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Podiatric Medical Associati	ion Political A	action Committee	
Full Name (Last, First, Middle Initial) Citigroup/ Citigroup Global Markets Inc.			Date of Receipt
Mailing Address 100 Light St., 19th Flo	oor		M M / D D / Y Y Y Y
maining real section 100 Light St., 19th 1	001		02 01 2008
City	State	Zip Code	Transaction ID: 15051861
Baltimore	MD	21202-1036	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		74.35
Name of Employer Citigroup Global Markets, Inc.	Occupatio Investme		1
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1092.49	Interest, Dividends, Capital Gains Distributions
Full Name (Last, First, Middle Initial) APMA Government Education Fund	•		Date of Receipt
Mailing Address 9312 Old Georgetown	n Road		0 2 2 0 7 2 0 0 8
City	State	Zip Code	Transaction ID: 15051872
<u>Bethesda</u>	MD	20814	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		574.28
Name of Employer	Occupatio	n	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1297.47	Transfer Funds for Federal Operating Expenses

SUBTOTAL of Receipts This Page (optional)	•	648.63
TOTAL This Period (last page this line number only)	•	648.63

State:

A.

District:

_		/== A =	~ * * * * * * * * * *															
	CHEDULE B	•	Use sepa)	FOR LINE NUMBER: (check only one)						PAGE 25/31							
IT	EMIZED DISI	BURSEMEN	for each category of the Detailed Summary Page				21b 27		22 28a		23 28b		24 28c		25 29		26 30b	
	y Information copied for commercial purpo			•		•					•			_				
\rangle	NAME OF COMMI American Podiat	, ,	ciation Po	litical Act	ion Committee	Э												
	Full Name (Last, Fir Wachovia Bank, Mailing Address	,	3							Trans Date o	of Di	sburs				0 ŏ 8	Y	
	City Charlotte		9	State NC	Zip Code 28262-3966					Amou	nt of	Each	Dis	burser	-			d
	Purpose of Disbursement Bank Fees 001									574.28								
	Candidate Name					ı	tego Type	ory/ e										
	Office Sought:	House Senate President	Disburse	ment For: Primary Other (spe	General					Bank	Fee	s						

SUBTOTAL of Disbursements This Page (optional)		574.28
SOBTOTAL OF DISDUISMENTS THIS Fage (Optional)		
TOTAL This Period (last page this line number only)	•	574.28

CHEDULE B (FEC Form 3X)	Use separate schedule(s)		NE NUMBER: PAGE 26 / 31 only one)						
EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 28a 28b	24 25 28c 29					
ny Information copied from such Reports and Staten for commercial purposes, other than using the nam									
NAME OF COMMITTEE (In Full)	c and address of any political		Solicit Contributions from	II 3deii committee					
American Podiatric Medical Association Po	olitical Action Committee								
Full Name (Last, First, Middle Initial) Kirk For Congress			Transaction ID: 1 Date of Disburser						
Mailing Address P.O. Box 8			02 / 04	^D 4 2 0 0 8 Y					
City	State Zip Code		Amount of Each D	Disbursement this Perio					
Winnetka	IL 60093		-	2500.00					
Purpose of Disbursement		011							
Candidate Name Rep. Mark Steven Kirk		Category/ Type							
Office Sought: X House Disburse	ement For: 2005								
Senate	Primary X General								
President State: IL District: 10 2008 G	Other (specify) ▼ eneral Electio								
Full Name (Last, First, Middle Initial)	-		Transaction ID: 1	4993966					
Castle Campaign Fund			Date of Disburser	nent					
Mailing Address P.O Box 133			02 04	^Y ^Y ^Y 2008 ^Y					
City Wilmington	State Zip Code DE 19899		Amount of Each D	Disbursement this Perio					
Wilmington Purpose of Disbursement	DE 19899			2500.00					
		011							
Candidate Name Rep. Michael N. Castle		Category/ Type							
<u> </u>	ement For: 2005 Primary X General	1 300							
President	Other (specify) ▼ eneral Electio								
Full Name (Last, First, Middle Initial)			Transaction ID: 1	14993973					
Van Hollen For Congress			Date of Disburser	nent					
Mailing Address 10605 Concord St., Ste	202		02 / 04	2008					
City Kensington	State Zip Code MD 20895		Amount of Each D	Disbursement this Perio					
Purpose of Disbursement				2000.00					
		011							
Candidate Name Rep. Chris Van Hollen		Category/ Type							
· —	ement For: 2008 Primary General Other (specify)								
	rimary Electio								
1	•			7000 00					
SUBTOTAL of Disbursements This Page (optional)				7000.00					

	CHEDULE B (FEC FOIII 3	·		rate schedule(s)			OR LIN heck or	E NUMB nlv one)	ER:			P	AGE	27 / 3	31
	EMIZED DISBURSEMENT		Detailed S	category of the Summary Page		È	21b 27	22 28a		28b		24 28c		25 29	
	y Information copied from such Reports ar for commercial purposes, other than using														3
$\sum_{i=1}^{\infty}$	NAME OF COMMITTEE (In Full) American Podiatric Medical Associ											-	-		
	Full Name (Last, First, Middle Initial)							Trar	sact	ion I	D: 14	.9939	972		
	Blumenauer For Congress									isbur	seme	ent	v • v	V	V
	Mailing Address 921 Sw Washing	ton Suite	810					0 ^M 2	2 M		0 4	ľL	' <u>2</u>	0 δ ε	3 '
	City Portland		State OR	Zip Code 97205				Amo	unt c	of Eac	ch Dis	sburse	emen	t this F	Perio
	Purpose of Disbursement		<u> </u>	37203			-						20	0.00	0
	Candidate Name Rep. Earl Blumenauer					01 ate	gory/								
			ment For: Primary Other (spe	2008 General		ı yı	р е								
		2008 Pri	imary Ele	ctio											
	Full Name (Last, First, Middle Initial) Committee To Elect Artur Davis To	Congres	SS								D: 14 seme	.9939 ent	968		
	Mailing Address Post Office Box 1	845						0 ^M 2	2 M	/ [0 4	/	ž	0 0 8	3 ^Y
	City Birmingham		State AL	Zip Code 35201				Amo	ount o	of Eac	ch Dis	sburse	emen	t this F	Perio
	Purpose of Disbursement				Г	01	1						10	0.00	0
	Candidate Name Rep. Artur Davis					ate Ty	gory/ pe								
	Senate President		Primary Other (spe												
	State: AL District: 07 Full Name (Last, First, Middle Initial)	2008 Pri	imary Ele	ctio				_							
	IMPACT							Date	of D	isbur	seme			V	V
	Mailing Address 509 Madison Ave Suite 1902							0 2	2 M		0 4	ľL	2	0 0 8	3
	City New York		State VY	Zip Code 10022				Amo	ount c	of Eac	ch Dis	sburse	-	t this F	
	Purpose of Disbursement				Г	01	1						50	0.000	0
	Candidate Name					_	gory/								
	Senate President		ment For: Primary Other (spe	General cify) ▼											
	State: District:														
_										- 2			-		_

SCHEDULE B (FEC Form 3X)

TEMES DISCUSSION	Use separate schedule(s)	OR LINE NUMBER: PAGE 28 / 31 heck only one)
ITEMIZED DISBURSEMENTS	Detailed Summary Page	21b 22 X 23 24 25 27 28a 28b 28c 29
Any Information copied from such Reports and Stat or for commercial purposes, other than using the national NAME OF COMMITTEE (In Full)	me and address of any political commit	
American Podiatric Medical Association	Political Action Committee	
Full Name (Last, First, Middle Initial) Friends Of Congressman George Miller Mailing Address P.O. Box 5864		Transaction ID: 14993970 Date of Disbursement O 2 M / D 4 / Y Y Y O 8
City Concord	State Zip Code CA 94524	Amount of Each Disbursement this Period
Purpose of Disbursement	01 01	1000.00
Candidate Name Rep. George Miller	Categ Typ	
Senate President	sement For: 2008 X Primary General Other (specify) Primary Electio	
Full Name (Last, First, Middle Initial)	Filliary Liectio	Transaction ID: 15030839
Stupak For Congress		Date of Disbursement
Mailing Address 817 Ninth Avenue P.O PO Box 143	Box 156	02 13 2008
City Menominee	State Zip Code MI 49858	Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement Candidate Name Rep. Bart Stupak	01 Categ	1 gory/
Office Sought: X House Disbu Senate President	sement For: 2008 X Primary General Other (specify) Primary Electio	
Full Name (Last, First, Middle Initial) Pete Stark Re-Election Committee		Transaction ID: 15030634 Date of Disbursement
Mailing Address P.O. Box 8331		02 13 / 2008
City Fremont	State Zip Code CA 94537	Amount of Each Disbursement this Period
Purpose of Disbursement	01	
Candidate Name Rep. Fortney Peter Stark	Categ Typ	
Senate President	sement For: 2005 Primary X General Other (specify)	
State: CA District: 13 2008	General Electio	

SCHEDULE B (FEC Form 3X)

		-	Use separate so			OR LINE		n.		L	FAGE	29/3)
	EMIZED DISBURSE		for each categor Detailed Summa	ary Page	lÈ	21b 27	22 28a	X	23 28b	24 28	3c	25 29	2 3
	y Information copied from such for commercial purposes, other to NAME OF COMMITTEE (In Fo American Podiatric Medica	han using the	name and address of ar	ny political co									
<u></u>	Full Name (Last, First, Middle I Friends Of Blanche Lincol Mailing Address PO Box	n [*]					Date of		on ID:	D /		ž 0 0 8	Y
	City Little Rock		State Zip C AR 7220				Amou	int of	Each	Disbu		nt this P	
	Purpose of Disbursement Candidate Name Sen. Blanche Lambert Line	coln		[Cate	11 egory/	L.				. 1	000.00)
	Office Sought: House X Senate Preside State: AR District:	Disk		2010 General	13	/pe							
	Full Name (Last, First, Middle I Anna Eshoo For Congress Mailing Address 555 Cap				Date o		on ID:	D /		ž o ŏ 8	Y		
	City Sacramento Purpose of Disbursement		State Zip C CA 958			-	Amou	int of	Each	Disbu		nt this P	
	Candidate Name Rep. Anna G. Eshoo				Cate	egory/ rpe							
	Office Sought: X House Senate Preside State: CA District: 14	nt		2008 General									
	Full Name (Last, First, Middle I Schakowsky For Congress	nitial)					Date	of Di	sburse				V
	Mailing Address P.O. Box				0 2	М	1	3 /	. 2	ž 0 ŏ 8	1		
	City Evanston		State Zip C				Amou	int of	Each	Disbu	rsemei	nt this P	eriod
	Purpose of Disbursement Candidate Name Rep. Janice D. Schakowsky					11 egory/	L.				. 1	500.00	0
	Office Sought: X House Senate Preside	Disk	X Primary Other (specify)	2008 General	' '								
	State: IL District: 09	200	8 Primary Electio										

SCHEDULE B (FEC Form 3X)

SCHEDOLL B (I LC I OI	-	Use separate sch			OR LINE check only					7.0	30 / 3	''
ITEMIZED DISBURSEMI	ENIS	for each category Detailed Summar			21b 27	22 28a	Х	23 28b	24 28		25 29	26 30
Any Information copied from such Rep or for commercial purposes, other than NAME OF COMMITTEE (In Full) American Podiatric Medical A	using the name	e and address of any	political c									
/ Inches F Salatile Medical 7												
Full Name (Last, First, Middle Initial Hall of Fame PAC Mailing Address 1717 Dixie I						Date		sburse	D /		2 0 ŏ 8	Y
Suite 180 City		State Zip Co	da			Amou	int of	Fach	Diebur	comor	nt this P	oriod
Ft. Wright		KY 4101				AIIIOU	iiit Oi	Lacii	Disbui			
Purpose of Disbursement Candidate Name				0.	11 gory/					2	500.00)
oundidate Name				Ty								
Office Sought: Senate President State: District:	Disburse	ement For: Primary 0 Other (specify) ▼	General									
Full Name (Last, First, Middle Initia	<u> </u>					T		10	1500/	2504		
Stabenow For Us Senate						Date of		sburse	D /		2 0 ŏ 8	Y
Mailing Address PO Box 494	15					0 2		1	3		2008	
City East Lansing		State Zip Co MI 4882				Amou	int of	Each	Disbur		nt this P	
Purpose of Disbursement Candidate Name				O-	11 gory/	L.	•			2	500.00)
Sen. Debbie Stabenow				Ty								
Office Sought: House X Senate President	X	Primary Other (specify))12 General									
State: MI District: Full Name (Last, First, Middle Initia		rimary Electio										
Friends Of John Kerry	u)					Date		sburse			/ ` Y `	Y
Mailing Address 511 C Stree	et Ne					0 2		1	3 /	2	2 0 ŏ 8	
City Washington		State Zip Co DC 2000				Amou	int of	Each	Disbur		nt this P	
Purpose of Disbursement	Purpose of Disbursement						_	•		2	500.00)
Candidate Name Sen. John Kerry	Candidate Name Sen. John Kerry											
Office Sought: House X Senate President			008 General	Ту								
1	2008 P	rimary Electio										
State: MA District:	20001	ilinary Liectio										

S	CHEDULE B (FEC Form 3X)		LODLINE	NUMBER: PAGE 31/31
	,	Use separate schedule(s)	(check only	
IΤ	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b
	y Information copied from such Reports and State for commercial purposes, other than using the name		, ,	
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
/	American Podiatric Medical Association F	olitical Action Committee		
	Full Name (Last, First, Middle Initial)			Transaction ID: 15030576
	PHILPAC			Date of Disbursement
	Mailing Address 104 Hume Ave			$\begin{bmatrix} \begin{smallmatrix} M & Z & M \\ 0 & 2 & M \end{smallmatrix} / \begin{bmatrix} \begin{smallmatrix} D & 1 & 3 \\ 1 & 3 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & 0 & 0 & 8 \\ 2 & 0 & 0 & 8 \end{bmatrix}$
	City	State Zip Code		Amount of Each Disbursement this Period
	Alexandria	VA 22301		
	Purpose of Disbursement	Г	011	2500.00
	Candidate Name		Category/ Type	
	Office Sought: House Disburs	ement For:		
	Senate	Primary General		
	President	Other (specify) ▼		
	State: District:			

SUBTOTAL of Disbursements This Page (optional)	•	2500.00
TOTAL This Period (last page this line number only)	<u> </u>	34000.00